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FACSIMILE TRANSMITTAL SHEET

DATE: OCTOBER 8, 2001

TO: Examiner R. Shafer

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FAX NO.: 703-308-7724 TEL. NO.: 703-308-4813

FROM: George Lyman

OUR REF: ITW-0009-C2
Docket # 0001-001 (B)

YOUR REF: 09/168,585

TOTAL NUMBER OF PAGES SENT
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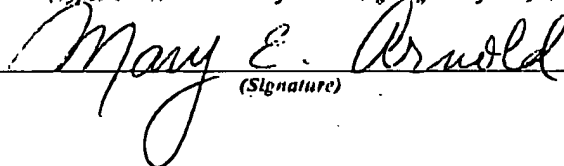
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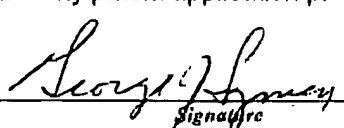
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CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)		Docket No. 0001-001(B)	
Applicant(s): DAVIS, F.			
Serial No. 09/168,585	Filing Date October 10, 1998	Examiner R. Shafer	Group Art Unit 2507
Invention: SYSTEM FOR MAKING A HOLOGRAM OF AN IMAGE BY MANIPULATING OBJECT BEAM CHARACTERISTICS TO REFLECT IMAGE DATA			
<p>I hereby certify that this <u>Supplemental Response To Office Action and Amendment Transmittal</u> <small>(Identify type of correspondence)</small></p> <p>is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>703-308-7724</u>)</p> <p>on <u>October 8, 2001</u> <small>(Date)</small></p> <div style="text-align: right; margin-top: 100px;"> <u>Mary E. Arnold</u> <small>(Typed or Printed Name of Person Signing Certificate)</small>  <small>(Signature)</small> </div>			
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AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No. 0001-001 (B)	
Applicant(s): DAVIS, F.					
Serial No. 09/168,585	Filing Date October 10, 1998	Examiner R. Shafer		Group Art Unit 2507	
Invention: SYSTEM FOR MAKING A HOLOGRAM OF AN IMAGE BY MANIPULATING OBJECT BEAM CHARACTERISTICS TO REFLECT IMAGE DATA					
<u>TO THE ASSISTANT COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	8 -	91 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	3 -	8 =	0 x	\$84.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
 <input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ A duplicate copy of this sheet is enclosed. <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 06-1130 A duplicate copy of this sheet is enclosed. <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.					
 _____ George J. Lyman Registration No. 44,884 Customer No. 23413			Dated: October 8, 2001		
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CC:			<div style="font-size: small;">I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.</div> <div style="border-top: 1px solid black; margin-top: 10px; text-align: center;">Signature of Person Mailing Correspondence</div> <div style="border-top: 1px solid black; margin-top: 10px; text-align: center;">Typed or Printed Name of Person Mailing Correspondence</div>		